## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am **DOCUMENT # 722981 Secretary of State** 1. Entity Name 02-20-2002 90004 002 \*\*\*\*61.25 CONQUISTADOR CONDOMINIUM V ASSOCIATION, INC. Principal Place of Business Mailing Address 1800 S.E.ST.LUCIE BOULEVARD 1800 S.E.ST.LUCIE BOULEVARD CLUBHOUSE CLUBHOUSE STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1470214 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FREDERICK, LESLEY A 1800 SE ST LUCE BLVD STUART FL 34996 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) SANDRA TUUNERS (SD) SD **X** Addition TITLE Delete TITLE CRUMLEY, SANDRA NAME 1800 SE St. Lucie Blud STREET ADDRESS STREET ADDRESS 1800 SE ST LUCIE BLVD Stuart F1 34996 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ٧D ☐ Change ☐ Addition TITLE Delete TITLE WILLIAM, WILD NAME STREET ADDRESS STREET ADDRESS 1800'SE ST LUCIE BLVD CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34996 TD ☐ Delete ☐ Change ☐ Addition NAME DELUCE, RUSSELL STREET ADDRESS STREET ADDRESS 1800 SE ST LUCIE BLVD CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP PD ☐ Delete Change Addition **EVANS. CHARLES** NAME NAME STREET ADDRESS 1800 S.E. ST. LUCIE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ☐ Delete ☐ Change ☐ Addition TITLE TITLE CARLSON, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 1800 SE ST LUCIE BLVD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Daytime Phone #

FILED